



**WELL CHILD EXAM - LATE  
CHILDHOOD: 5 YEARS**  
(Meets EPSDT Guidelines)

DATE

**LATE CHILDHOOD: 5 YEARS**

PARENT AND CHILD TO  
COMPLETE ABOUT CHILD

CHILD'S NAME

DATE OF BIRTH

ALLERGIES

CURRENT MEDICATIONS

ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT

YES NO

☐ ☐

My child eats a variety of foods.

YES NO

☐ ☐

My child can balance on one foot.

☐ ☐

My child can play make believe.

☐ ☐

My child recognizes most letters and can print some.

☐ ☐

My child shows an ability to understand the feelings of others.

WEIGHT KG/OZ. PERCENTILE

HEIGHT CM/IN. PERCENTILE

BLOOD PRESSURE

☐ Review of systems ☐ Review of family history

Screening:

N A

Development

☐ ☐

Behavior

☐ ☐

Social/Emotional

☐ ☐

Vision

R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

MHZ

R

L

Hearing

4000

2000

1000

500

Physical:

General appearance

☐ ☐

Chest

☐ ☐

Skin

☐ ☐

Lungs

☐ ☐

Head

☐ ☐

Cardiovascular/Pulses

☐ ☐

Eyes

☐ ☐

Abdomen

☐ ☐

Ears

☐ ☐

Genitalia

☐ ☐

Nose

☐ ☐

Spine

☐ ☐

Oropharynx/Teeth

☐ ☐

Extremities

☐ ☐

Neck

☐ ☐

Neurological

☐ ☐

Nodes

☐ ☐

Gait

☐ ☐

Mental Health

☐ ☐

Describe abnormal findings:

Diet

Elimination

Sleep

☐ Hct/Hgb ☐ Dental Referral ☐ Tb ☐ Cholesterol

☐ Fluoride Supplements ☐ Fluoride Varnish

☐ Lead Exposure ☐ Review Immunization Record

Health Education: (Check all completed)

☐ Nutrition ☐ Dental Care ☐ Safety ☐ Adequate Sleep

☐ Development ☐ Helmets ☐ Booster Seat/Car Safety

☐ Regular Physical Activity ☐ Passive Smoking

☐ School Readiness ☐ Discipline/Limits ☐ Child care

Assessment:

IMMUNIZATIONS GIVEN

REFERRALS

**NEXT VISIT: 6 YEARS OF AGE**

HEALTH PROVIDER NAME

HEALTH PROVIDER SIGNATURE

HEALTH PROVIDER ADDRESS

# Your Child's Health at 5 Years

## Milestones

### **Ways your child is developing between 5 and 6 years of age.**

Taking responsibility for picking up his room, setting the dinner table, helping prepare meals.

Learning to wash himself in the tub or shower.

Beginning to learn the skills of sports and the rules of games.

Tying his shoe laces.

Learning to swim.

### **You help your child learn new skills by talking and playing with her.**

## **For Help or More Information**

### **Parenting skills, discipline, or support in a crisis:**

Family Helpline,  
1-800-932-HOPE (4673);  
Family Resources Northwest,  
1-888-746-9568;  
Local Community College Classes

**School-age child care:** WA State Child Care Resource and Referral Network,  
1-800-446-1114

**Child sexual abuse, physical abuse, information and support:** Family Helpline,  
1-800-932-HOPE (4673)

## Health Tips

Continue to take your child for a checkup each year with the doctor or nurse. After getting immunizations for school entry, she probably will not need more until age 11-12.

Encourage your child to practice brushing his teeth daily with a pea-size amount of fluoride toothpaste. He probably will still need you to help get all his teeth brushed well. Make sure to take him for a dental checkup at least once a year.

## Parenting Tips

Eat together as often as possible to feel connected with your child. Try turning off the TV, unplugging the phone, and enjoying each other.

Listen when your child talks to you. Look at him and pay attention. Then answer or ask about his ideas. Let him know that what he thinks and says is important to you.

Talk with your child about how to avoid sexual abuse. Teach her about privacy and that some touching is not right. She should say "no" and tell you if anyone tries to harm her.

Limit TV or computer time so your child also has time for books and active play. Read story books with her daily. Take him outside often to play.

## Safety Tips

Your child should always wear a lifejacket around water, even after she has learned to swim.

Always watch your child closely when he is near the street. Children are not ready to ride bikes safely on streets or cross streets without an adult until they reach at least age 9. They are not old enough to always behave safely around vehicles.

Teach your child **never** to touch a gun. If he finds one, he should tell an adult right away. Make sure any guns in your home are unloaded and locked up.

## Guidance to Physicians and Nurse Practitioners for Late Childhood (5 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

### Fluoride Screen

Check with local health department for fluoride concentration in local water supply, then use clinical judgment in screening. Look for white spots or decay on teeth. Check for history of decay in family.

### Hemoglobin/Hematocrit (Hgb/Hct) Screen

- Using your own practice experience, evaluate the need, timing and frequency of hematocrit tests.

### Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- In close contact with recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

### Developmental Milestones

Always ask parents if they have concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire or the Denver II.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Dresses without supervision.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Copies a cross.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Draws a person -- 3 parts.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Puts object "on," under." "in front of" and "behind" when asked.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Skips, walks on tip toe.
<input type="checkbox"/>	<input type="checkbox"/>	Catches a bounced ball.
<input type="checkbox"/>	<input type="checkbox"/>	<u>Names 4 colors.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Avoids eye contact.

**Instructions for developmental milestones:** At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on *even one* of the underlined items, or if you have checked the **boxed item** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies with questions or concerns on childhood development.**